

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728290

FILED
Apr 23, 2009
Secretary of State

Entity Name: ALPINE WOODS ASSOCIATION, INC.

Current Principal Place of Business:

8527 OLD COUNTRY MANOR
FT LAUDERDALE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551390
DAVIE, FL 333551390 US

New Mailing Address:

FEI Number: 59-1546872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST BROWARD COMMUNITY MANAGEMENT, INC.
11530 STATE ROAD 84
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RISTON, COOKIE
Address: 8506 OLD COUNTRY MANOR 216
City-St-Zip: DAVIE, FL 33328

Title: V () Delete
Name: BOEHM, AUDREY
Address: 8521 OLD COUNTRY MANOR #525
City-St-Zip: DAVIE, FL 33328

Title: T () Delete
Name: BOEHM, SUEANNE
Address: 8524 OLD COUNTRY MANOR, SUITE #101
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: LEE, CAROLYN
Address: 8509 OLD COUNTRY MANOR #307
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: GALANOS, ALICE
Address: 8513 OLD COUNTRY MANOR 413
City-St-Zip: DAVIE, FL 33328

Title: S (X) Delete
Name: TAYLOR, SUSAN
Address: 8523 OLD COUNTRY MANOR #515
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DIERKSMEIER, GEORGE
Address: 8524 OLD COUNTRY MANOR, SUITE #104
City-St-Zip: DAVIE, FL 33328

Title: S (X) Change () Addition
Name: GUGLIUZZA, KIM
Address: 8528 OLD COUNTRY MANOR #124
City-St-Zip: DAVIE, FL 33328

Title: S (X) Change () Addition
Name: TAYLOR, SUSAN
Address: 8523 OLD COUNTRY MANOR #515
City-St-Zip: DAVIE, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COOKIE RISTON

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date